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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		TTORNEY DOCKET NO.	CONFIRMATION NO.					
10/748,988	10/748,988 12/30/2003		David P. Goren		SBL01268 8253						
TITLE OF INVENTION: LOCATION TRACKING USING DIRECTIONAL ANTENNAS COMBINED WITH SIGNAL STRENGTH MEASUREMENTS											
Appln. Type	SMALL ENTITY	issue fee due	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE					
nonprovisional	NO	\$1510	\$300	\$0	\$1810	12/09/2009					
EXAMINER. '		ART UNIT	CLASS-SUBCLASS	1							
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Change of correspondence address (or Change of Correspondence or agents OR, alternatively,											
The Address" indication (or "Fee Address" Indication form PIOSE/47; Rev 03-02 or more recent) anached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or assent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)											
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SYMBOL TECHNOLOGIES, INC. HOLTSVILLE, WY											
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗵 Corporation or other private group entity 🚨 Government											
4a. The following fee(s) as	re submitted:	46	Payment of Fee(s): (Pleas	o first reapply ony p	reviously paid issue fee sh	own above)					
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			Payment by credit card. Porm PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number.								
			overpayment, to Deposi	t Account Number	So 2 11 Tenclose un e	extra copy of this form).					
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NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent: or the assignee or other party interest as shown by the records of the United grates Patent and Trademark Office.											
Authorized Signature	Bandly	ESIR		Date	2/2009						
Typed or printed name BAR 1740 LOMERU V. DIVITA Registration No. 59 803											

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EXAMIN	ER T	ART UNIT	CLASS-SUBCLASS	70	\$1810	12/09/2009			
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I. Change of correspondence CFR 1.363. Change of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number Is required.	ience address (or Char 22) attached. tion (or "Fee Address" or more recent) attache	ge of Correspondence Indication form d. Use of a Customer	2. For printing on the patent front page, list (1) the names of up to 3 registered patent altorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent uttraneys or agents. If no name is listed, no name will be printed.						
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Typod or printed name BART/HOLOMETU V. DIVITA Registration No. 59, 80-3									
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